

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">1082309</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8			1				58			
9							59			
10							60			
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15							65			
16							66			
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19							69			
20			1				70			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			3				Total Indep			
Total Depend			24				Total Depend			
Total Claims			27				Total Claims			